

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: <u>2/2/95</u>		2 Serial/Patent # <u>08/243545</u>																																																			
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 85%;">Filing</td><td style="width: 10%; text-align: center;">—</td><td style="width: 10%; text-align: center;">11/05/94</td><td style="width: 10%; text-align: right;">\$ 74.00</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td style="text-align: right;">\$</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Other</td><td></td><td></td><td style="text-align: right;">\$</td></tr> </table>	<input checked="" type="checkbox"/>	Filing	—	11/05/94	\$ 74.00	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	4 PAPER NUMBER 5 DATE FILED 6 AMOUNT		
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7 TOTAL AMOUNT OF REFUND \$ 74.00		8 TO BE REFUNDED BY: <input checked="" type="checkbox"/> Treasury Check <input checked="" type="checkbox"/> Credit Deposit A/C #: <div style="border: 1px solid black; display: inline-block; padding: 2px;">             09 -- 0089           </div>																																																			
10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):		9																																																			
11 REFUND REQUESTED BY:																																																					
TYPED/PRINTED NAME: <u>M. Twitty</u>		TITLE: <u>Legal Inst. Ex.</u>																																																			
SIGNATURE: <u>M. A. Twitty</u>		PHONE: <u>208-0375</u>																																																			
OFFICE: <u>ONAR</u>																																																					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																					
APPROVED: <u>[Signature]</u>		DATE: <u>2/15/95</u>																																																			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**

## REQUEST FOR PATENT FEE REFUND

1 Date of Request: 2/2/952 Serial/Patent # 08/243545

3 Please refund the following fee(s):

4 PAPER  
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Filing

—

10/5/94\$ 74.00

Amendment

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Extension of Time

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Notice of Appeal/Appeal

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7 TOTAL AMOUNT  
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Overpayment

Treasury Check

Duplicate Payment

Credit Deposit A/C #:

No Fee Due/ (Explanation):

9 09 -- 0089

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: M. TwittyTITLE: Legal Inst. Ex.SIGNATURE: M. A. TwittyPHONE: 202-6375OFFICE: ONAR\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLYAPPROVED: [Signature]DATE: 2/10/95

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